

Medicaid Budget Overview

- The Medicaid share of the DSS General Fund budget is 58%
- The DSS Medicaid budget is **net funded**. DSS receives an appropriation for the state share of Medicaid expenditures (approx. 35% with PHE enhanced FMAP and approx. 40% with regular FMAP).
- Over time, the **state share of Medicaid expenditures has remained steady** while the majority of the growth has been on the federal share of expenditures.

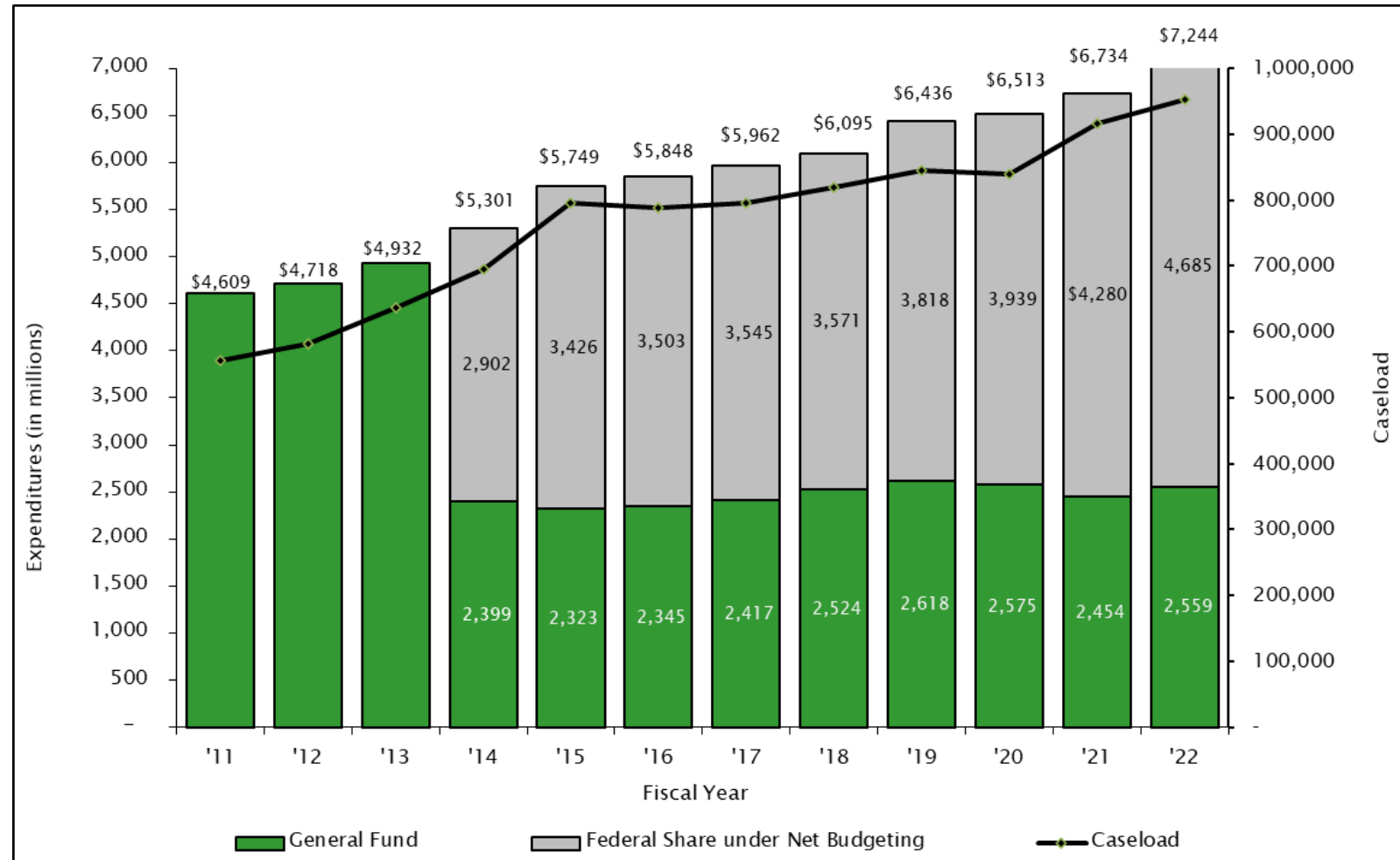
Medicaid Budget Overview – Federal Match Rates by HUSKY Program

- **HUSKY A and C** – The majority of services are matched at 50% (56.2% during the PHE) with some exceptions including personal care attendant services under Community First Choice which are matched at 56% (62.2% during the PHE), family planning services which are matched at 90%, and the first year of Money Follows the Person (MFP) which is matched at 75% for eligible services.
- **HUSKY D (Newly Eligible)** - The majority of services are matched at 90%
- **HUSKY D (Non-Newly Eligible)** - The majority of services are matched at 50% (56.2% during the PHE) with some exceptions including services personal care attendant under Community First Choice which are matched at 56% (62.2% during the PHE), family planning services which are matched at 90%, and the first year of MFP which is matched at 75% for eligible services.
- **Breast and Cervical Cancer Coverage Group** – all services are matched at 65% (69.34% during the PHE) with the exception of family planning services which are matched at 90%.

DSS Medicaid Budget – State and Federal Shares

Beginning with the budget adopted in 2013, the Medicaid account in the Department of Social Services was “net appropriated.” A total of \$2.77 billion was removed from both budgeted revenues and appropriations to accomplish this transition in FY 2014.

As depicted in this graph, the state share of Medicaid costs was only \$160 million, or 6.7%, higher than the SFY 2014 state share, an annual growth of only 0.8% annually over that time frame



Note: Expenditures have been adjusted to include funds transferred to DSS from DMHAS for behavioral health services which qualify for Medicaid reimbursement. Expenditures exclude hospital supplemental payments given the significant variance in that area over the years. Caseload figures exclude the limited benefit COVID-19 testing group.

Medicaid Expenditure Reporting

- Service category detail along with quarterly enrollment, expenditures, per member per month (PMPM) costs for HUSKY A, B, C and D
- Represents aggregate expenditures, including both federal and state shares to promote transparency and annual comparisons
- Based upon date of payment to align with general state expenditure reporting practices

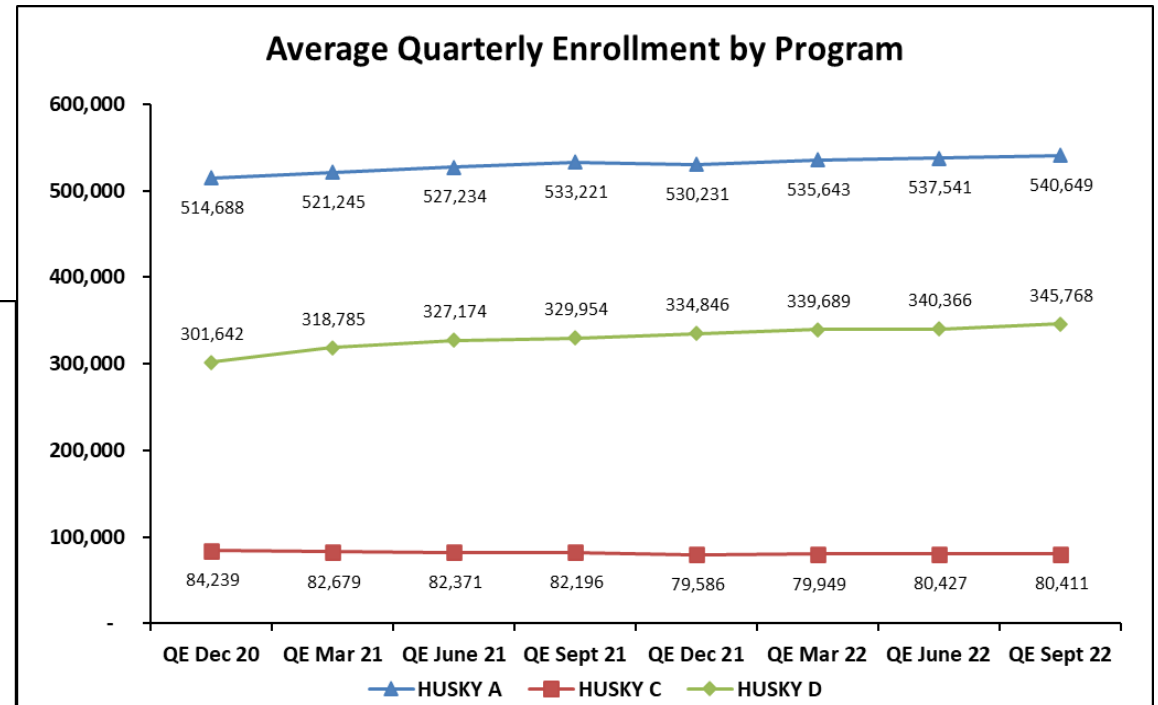
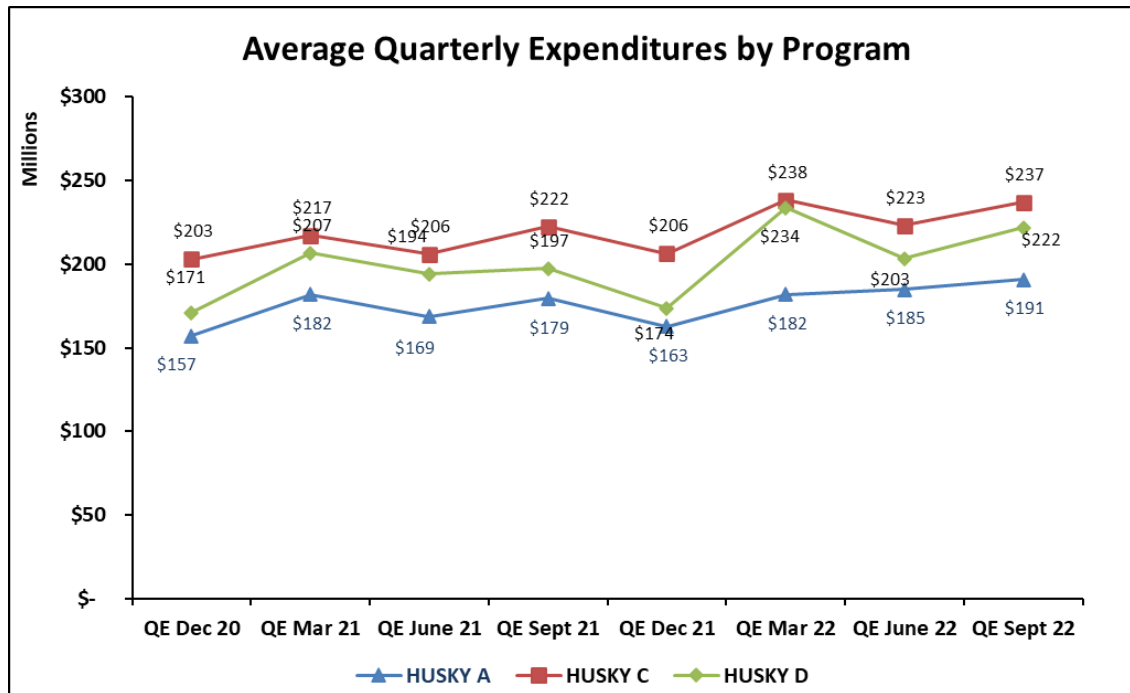
Medicaid Expenditure Reporting

- Service category expenditures for the HUSKY Health program including detail by HUSKY A, B, C, D
- Details up to 58 different service/expenditure categories under the Medicaid account

PROVIDER CODE	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	YTD TOTAL HUSKY A
Hospital Inpatient	46,657,702	34,139,130	40,847,510	40,415,261	35,084,039								197,143,642
Hospital Outpatient	43,611,746	32,805,573	39,418,946	37,701,318	36,379,638								189,917,221
Hospital Supplemental Payment*	-	-	-	-	-								-
Hospital Retro	-	-	-	-	-								-
Physician Services	23,906,106	26,160,542	24,444,482	21,762,000	20,243,866								116,516,995
Physician ACA Services	2,314,001	1,975,435	2,532,453	2,250,853	2,212,495								11,285,238
Clinic Services	18,810,343	15,529,291	19,291,057	20,412,936	19,675,421								93,719,048
Dental Services	11,319,973	9,451,533	12,106,919	10,250,853	9,996,388								53,125,672
Vision Care Services	1,844,560	1,650,637	2,098,353	1,702,479	1,408,843								8,704,872
Family Planning	-	-	-	-	-								-
Other Practitioner	11,199,497	9,018,280	11,069,610	9,655,086	9,879,198								50,821,671
Other Practitioner ACA Services	506,416	406,250	540,965	485,287	501,535								2,440,453
Pharmacy	58,825,118	46,669,590	61,838,081	49,116,628	51,501,499								267,950,917
Medicare Part D - Premium	-	-	-	-	-								-
Medicaid Drug Rebates	(49,657,453)	(7,851,507)	(64,822,546)	(29,310,215)	(6,336,103)								(157,977,825)
Lab & X-Ray	3,078,931	2,313,298	2,551,322	1,927,299	2,358,791								12,229,641
Alcohol & Drug Services	556,377	1,158,943	(2,275,796)	840,331	867,308								1,147,163

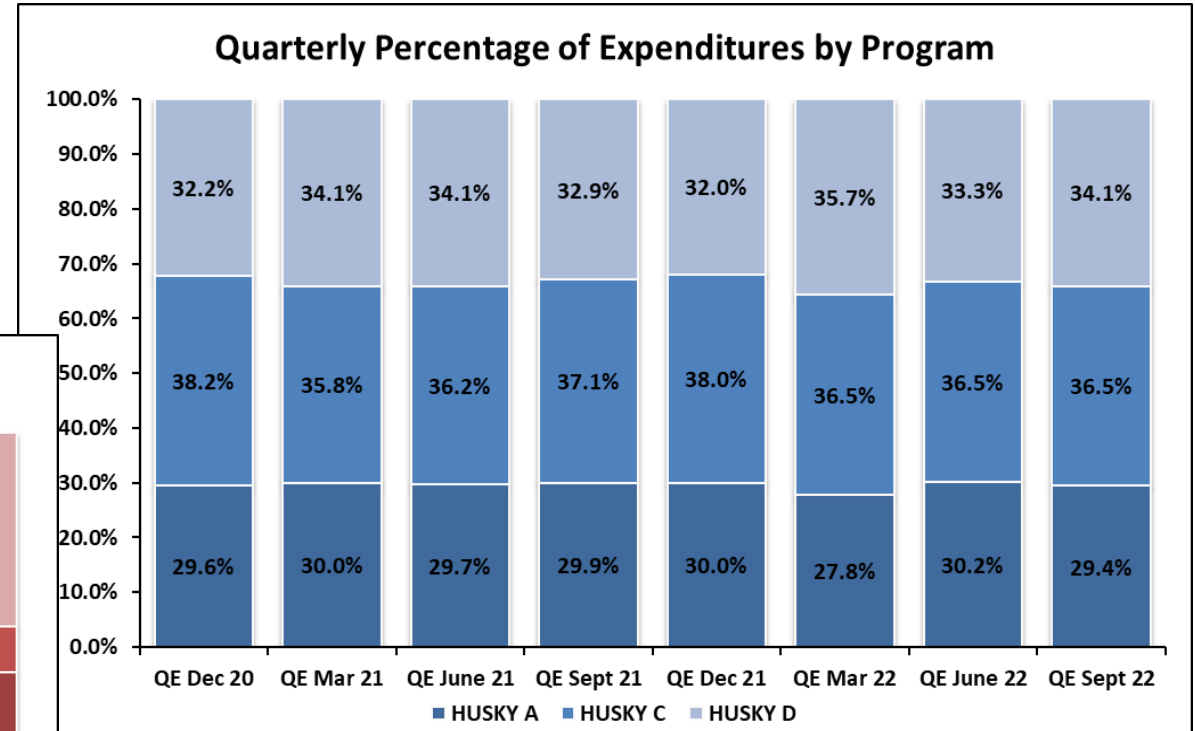
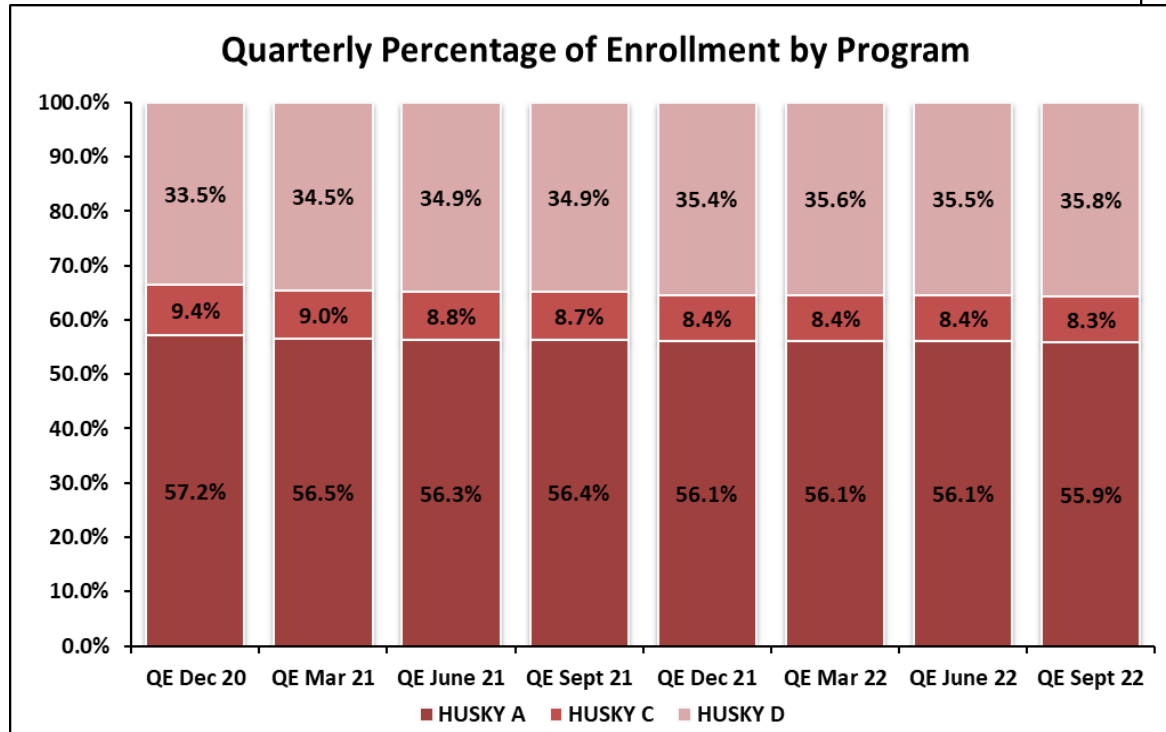
Medicaid Health Expenditure Reporting

- Quarterly enrollment and expenditures by Medicaid program



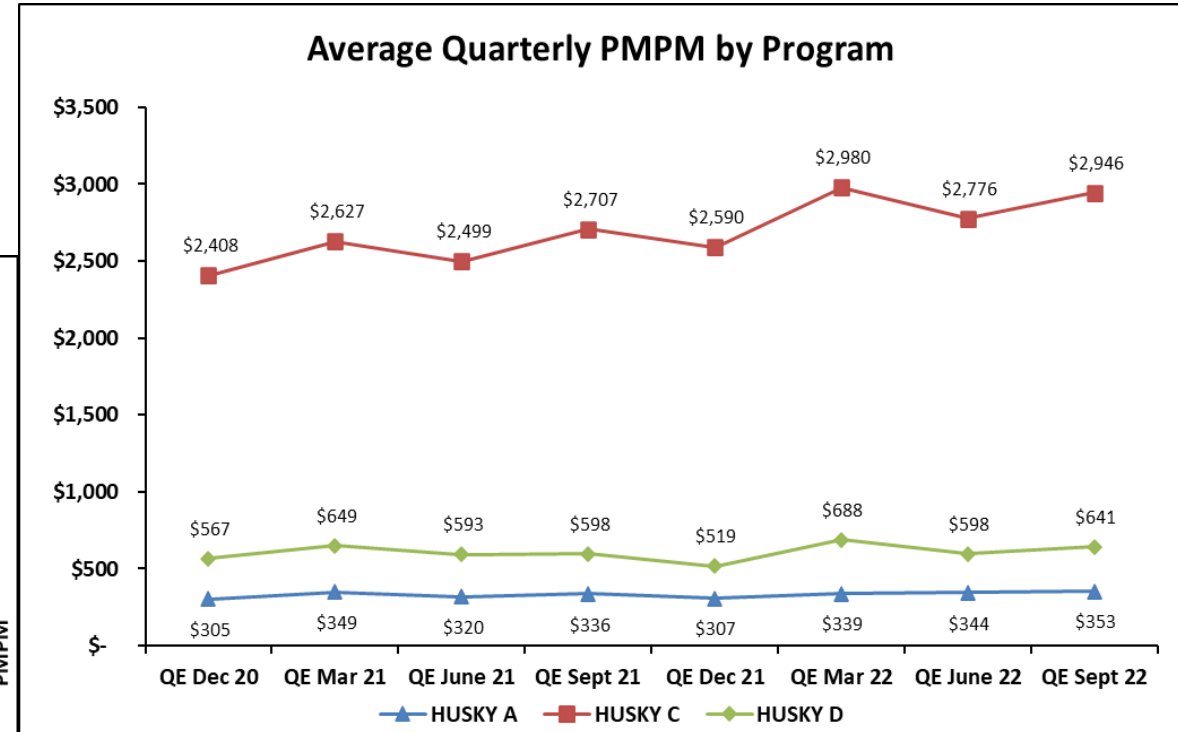
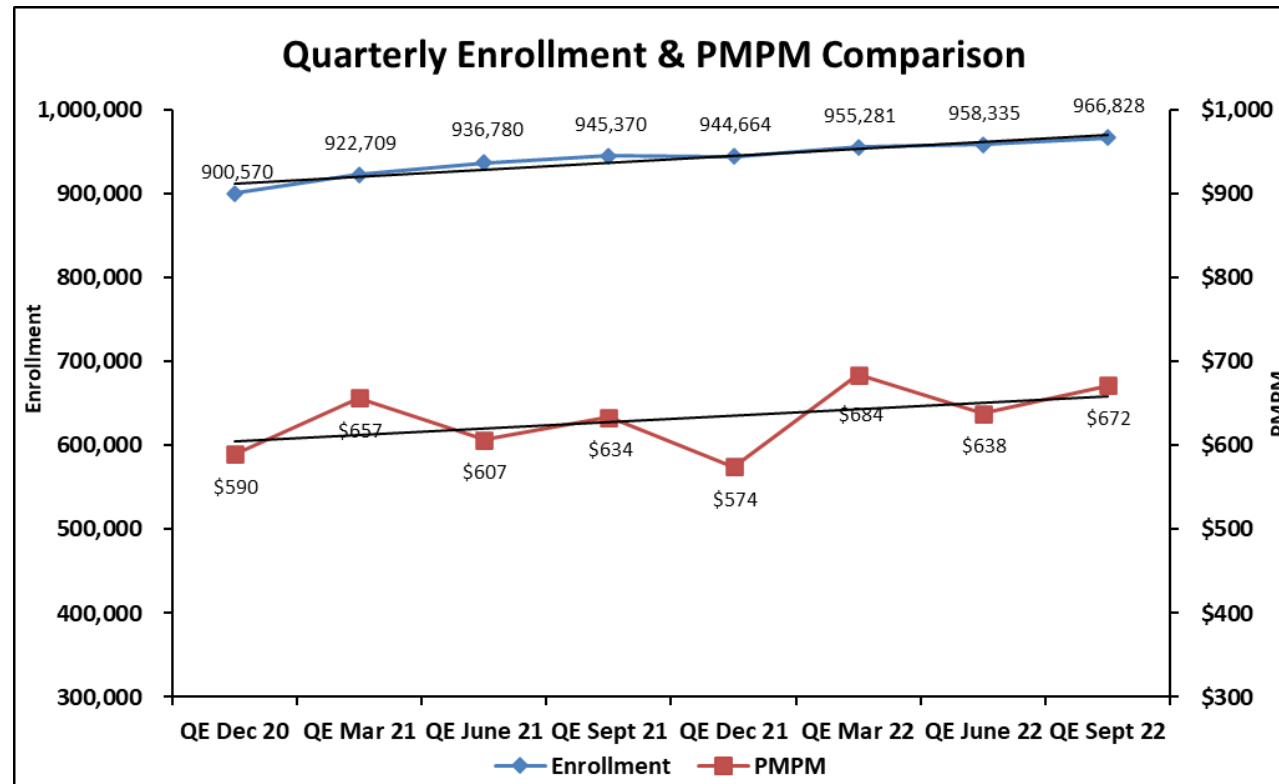
Medicaid Expenditure Reporting

- Quarterly expenditure and enrollment percentages

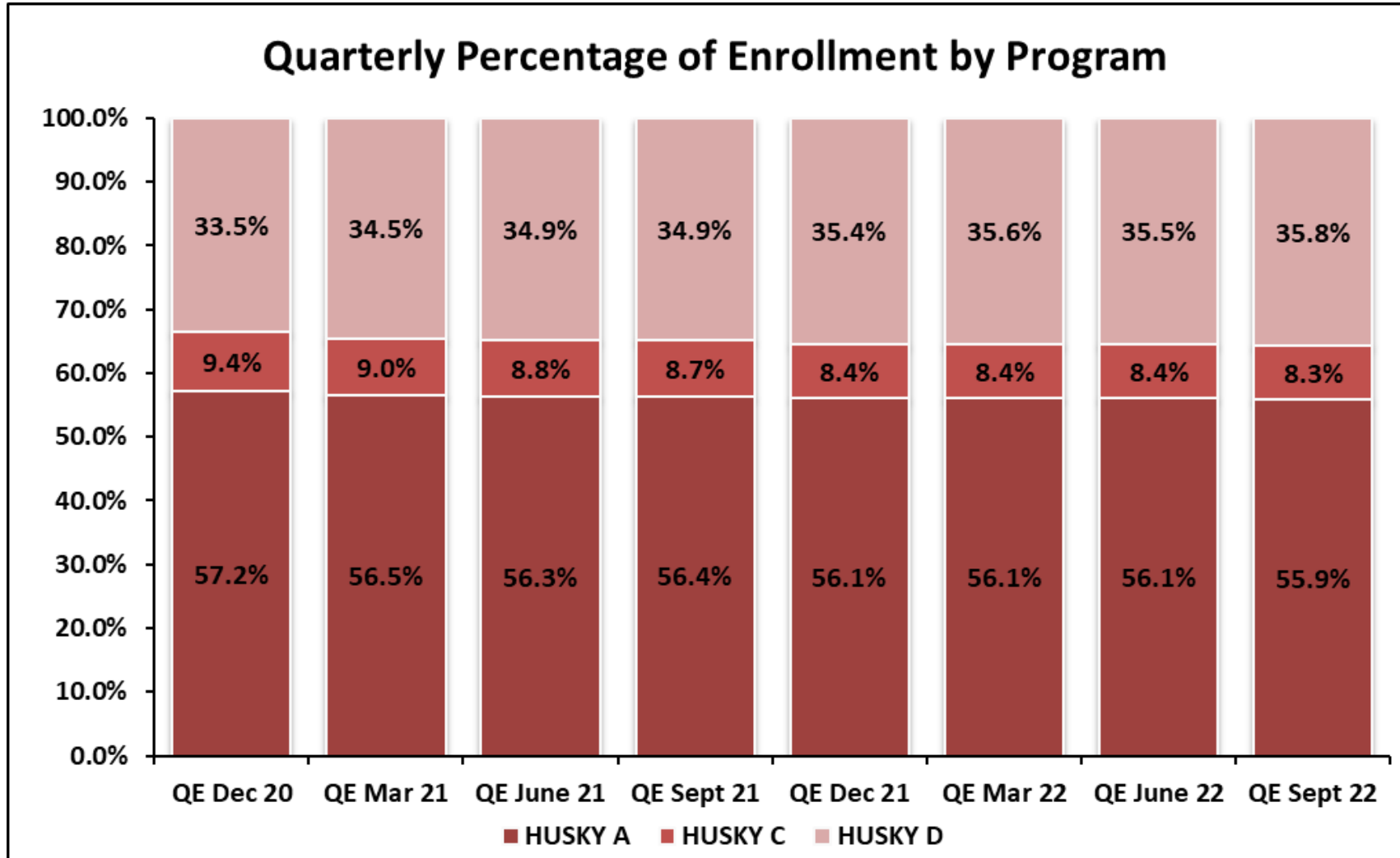


Medicaid Expenditure Reporting

- Quarterly PMPM detail by program and in aggregate

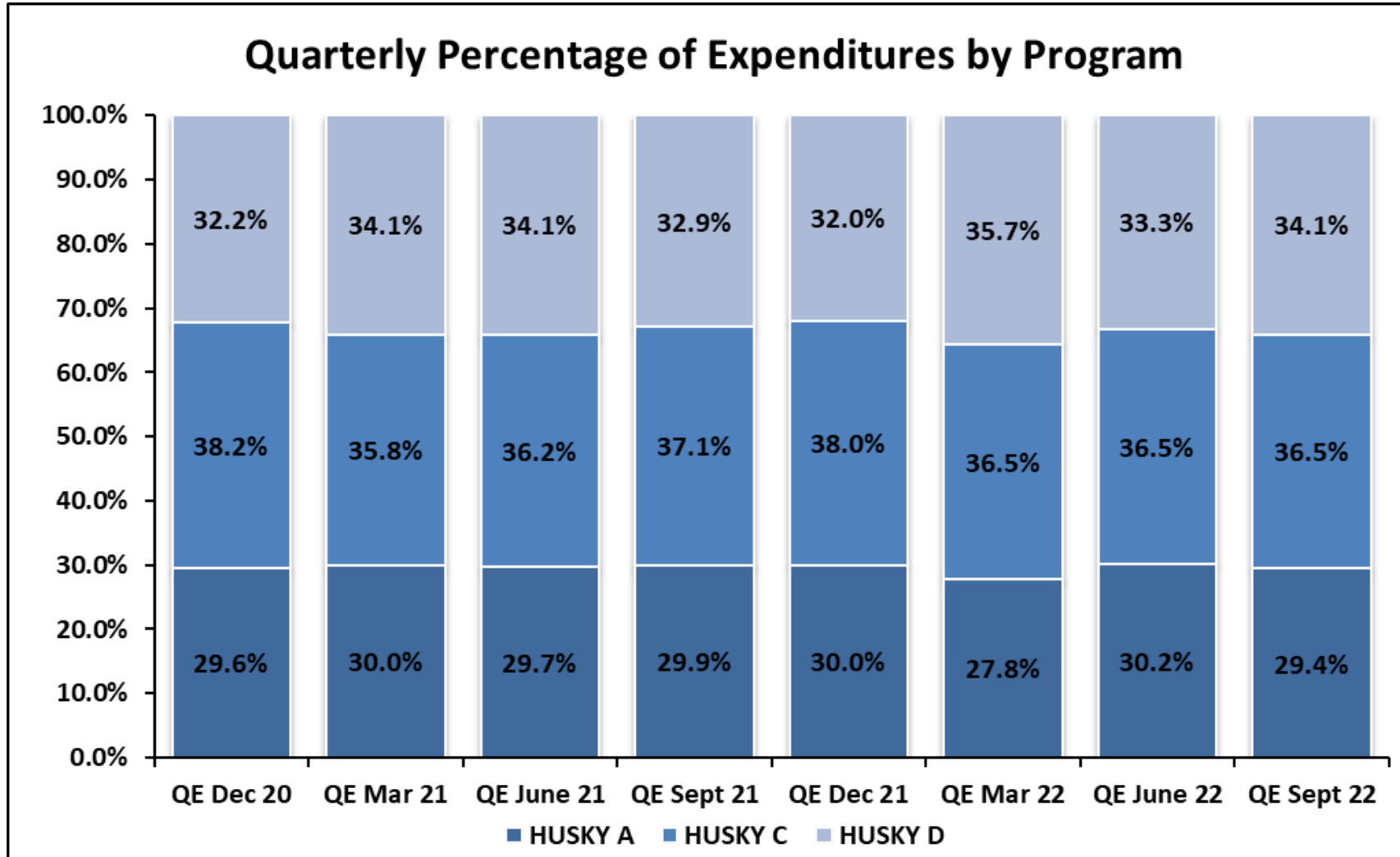


Composition of Enrollment



Historically significant HUSKY D enrollee growth has contributed to its increasing share of overall Medicaid enrollees, resulting in slightly smaller shares of both HUSKY C and HUSKY A enrollees. This growth has slowed during the PHE period.

Composition of Expenditures

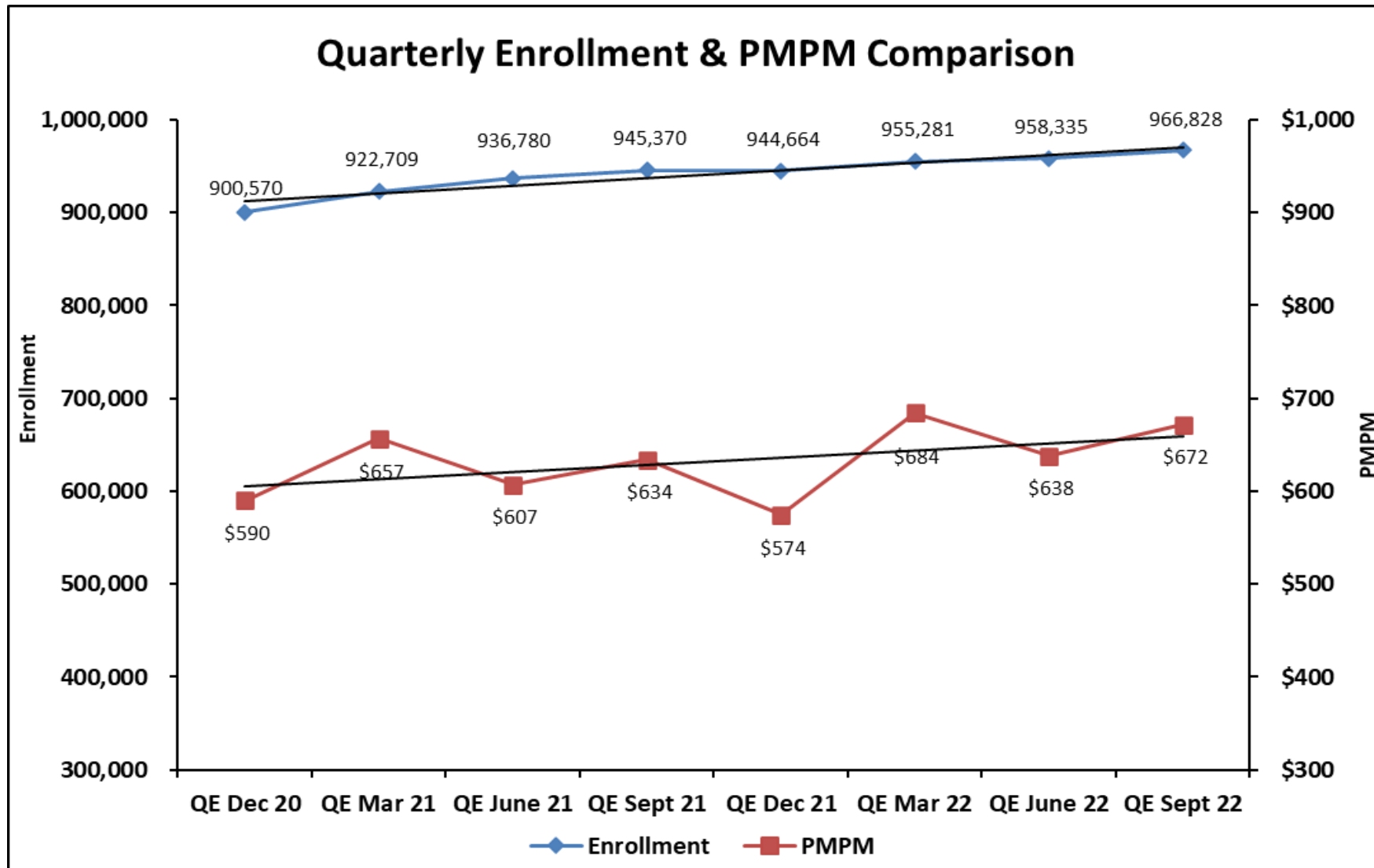


HUSKY D clients represent 36% of enrollees compared to 34% of overall expenditures

HUSKY A clients comprise 56% of enrollees but account for only 29% of program costs

HUSKY C clients make up 8.3% of the enrollees but comprise 37% of expenses

Enrollment and PMPM comparison



Overall, quarterly PMPM trends have increased on average for the most recent four quarter period (\$642 PMPM) when compared to the prior four quarter period (\$622 PMPM). This change represents a 3.2% increase in the average quarterly PMPM.

Enrollment continues to increase as a result of the PHE Maintenance of Effort (MOE) requirement to delay discontinuances of Medicaid enrollees.